



AO

2663

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TRANSMITTAL FORM		Application Number	09/108,463
		Filing Date	7/1/98
		First Named Inventor	Mullens, et al.
		Group Art Unit	2663
		Examiner Name	T. Nguyen
Total Number of Pages in this Submission	16	Attorney Docket Number	GE04142

ENCLOSURES			(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE	
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Nicholas C. Oros		Registration No. P-48,413
Signature			
Date	September 18, 2001		

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Complete if Known

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TOTAL AMOUNT OF PAYMENT		\$0	Attorney Docket No.	GE04142

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METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																																																																																																																																																																				
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: Deposit Account Number 13-4772 Deposit Account Name Motorola, Inc.				3. 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**OR NUMBER PREVIOUSLY PAID, IF GREATER. For Reissues, see above

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Nicholas C. Oros		Registration No.	P-48413
Signature	<i>Nicholas C. Oros</i>		Date	September 18, 2001